



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PUTNAM COUNTY HOSPITAL

City of Hospital: GREENCASTLE

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151333

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10286668
Outpatient Patient Service Revenue	\$52032788
Total Gross Patient Service Revenue	\$62319456

2. Deductions From Revenue

Contractual Allowance	\$26851852
Other Deductions	\$902587
Total Deductions	\$27754439

3. Total Operating Revenue

Net Patient Service Revenue	\$34565017
Other Operating Revenue	\$241985
Total Operating Revenue	\$34807002

4. Operating Expenses

Salaries and Wages	\$16073834	Employee Benefits	\$2139015
Depreciation and Amortization	\$1817278	Interest Expense	\$605943
Bad Debt	\$4903703	Other Expenses	\$11779767
Total Operating Expenses	\$37319540		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1573768	Total Assets	\$28757684.41
Net Non-operating Gains over Loss	\$1906590	Total Liabilities	\$16103484.30
Total Net Gains	\$332822		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22249582	\$11547091	\$10702491
Medicaid	\$6840857	\$2375490	\$4465367
Other Government	\$0	\$0	\$0
Other State	\$28525650	\$10461933	\$18063717
Other Payers	\$0	\$0	\$0
Total	\$57616089	\$24384514	\$33231575

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$18480	\$7192	\$11288

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$38000	\$-38000
Community Education	\$0	\$50000	\$-50000

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	8500
Number of Citizens Exposed to Health Education Messages	30000

Statement Six: Charity Statement

Hospital Charity Charges	\$902587
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$342983	
HCI Payments	\$0		
Subtotal	\$0	\$342983	\$-342983
Medicaid Shortfalls	\$256689	\$163631	
Subtotal	\$256689	\$506614	\$-249925
DSH Payments	\$181,400		
Subtotal	\$438089	\$506614	\$-68525
Medicare Shortfalls	\$10323058	\$9495568	
Other Government Programs	\$0	\$0	
Total	\$10761147	\$10002182	\$758965

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$41240	\$-41240
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0